



PLAINTIFF(S) <i>Ivan Carrasco, Raul Carrasco</i>		DEFENDANT(S) <i>The Rack, Inc., Sean Gamon</i>	
ATTORNEY, FIRM NAME, ADDRESS AND TELEPHONE <i>Robert H. Flynn, Esq. 27 Mica Lane Daly, Cavanaugh & Flynn Wellesley, MA. Board of Bar Overseers number: 172960</i>		ATTORNEY (if known)	
Origin code and track designation			
Place an x in one box only:			
<input checked="" type="checkbox"/> 1. F01 Original Complaint		<input type="checkbox"/> 4. F04 District Court Appeal c.231, s. 97 & 104 (After trial) (X)	
<input type="checkbox"/> 2. F02 Removal to Sup.Ct. C.231,s.104 (Before trial) (F)		<input type="checkbox"/> 5. F05 Reactivated after rescript; relief from judgment/Order (Mass.R.Civ.P. 60) (X)	
<input type="checkbox"/> 3. F03 Retransfer to Sup.Ct. C.231,s.102C (X)		<input type="checkbox"/> 6. E10 Summary Process Appeal (X)	
TYPE OF ACTION AND TRACK DESIGNATION (See reverse side)			
CODE NO. <i>B04</i>	TYPE OF ACTION (specify) <i>Other Negligence (F)</i>	TRACK <i>(F)</i>	IS THIS A JURY CASE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The following is a full, itemized and detailed statement of the facts on which plaintiff relies to determine money damages. For this form, disregard double or treble damage claims; indicate single damages only.			
TORT CLAIMS (Attach additional sheets as necessary)			
A. Documented medical expenses to date:			
1. Total hospital expenses			\$ 2,000
2. Total Doctor expenses			\$
3. Total chiropractic expenses			\$
4. Total physical therapy expenses			\$
5. Total other expenses (describe)			\$
Subtotal			\$
B. Documented lost wages and compensation to date			\$
C. Documented property damages to date			\$
D. Reasonably anticipated future medical and hospital expenses			\$
E. Reasonably anticipated lost wages			\$
F. Other documented items of damages (describe)			\$
G. Brief description of plaintiff's injury, including nature and extent of injury (describe) <i>Cuts, Bruises, Neck Injury (TO INJURY), Humiliation, Violation of Civil Rights</i>			\$
TOTAL			\$ 2,000
CONTRACT CLAIMS (Attach additional sheets as necessary)			
Provide a detailed description of claim(s):			
TOTAL			\$
PLEASE IDENTIFY, BY CASE NUMBER, NAME AND COUNTY, ANY RELATED ACTION PENDING IN THE SUPERIOR COURT DEPARTMENT			
"I hereby certify that I have complied with the requirements of Rule 5 of the Supreme Judicial Court Uniform Rules on Dispute Resolution (SJC Rule 1:18) requiring that I provide my clients with information about court-connected dispute resolution services and discuss with them the advantages and disadvantages of the various methods."			
Signature of Attorney of Record <i>[Signature]</i>			DATE: <i>10/18/03</i>

AOTC-6 mtc005-11/99
A.O.S.C. 1-2000Served Oct. 13 '03
MLB/gle

HEREBY ATTEST AND CERTIFY ON

DEC. 11, 2003, THAT THE

FOREGOING DOCUMENT IS A FULL
TRUE AND CORRECT COPY OF THE
ORIGINAL ON FILE IN MY OFFICE,
AND IN MY LEGAL CUSTODY.MICHAEL JOSEPH DONOVAN
CLERK / MAGISTRATE
SUFFOLK SUPERIOR CIVIL COURT
DEPARTMENT OF THE TRIAL COURTBY: *[Signature]*

ASSISTANT CLERK.